

Consumer Evaluation

Completed in 1998, this research-based evaluation was designed for use by members (consumers) enrolled in integrated care programs to evaluate quality. Evaluation areas, identified by both consumers and health and long term care providers, correspond to quality care/service areas outlined in the Model Quality Improvement Reviews (1997)

Barbara J. Bowers
University Of Wisconsin-Madison
School of Nursing

Sarah Esmond
University Of Wisconsin-Madison
School of Nursing

Introduction

The Wisconsin Partnership Program (WPP) research team has collaborated with staff in the Center for Delivery Systems Development (CDSO) in the development of a framework for quality assurance (QA) and quality improvement (QI) processes in integrated, consumer-centered, long-term care programs serving frail elderly, physically disabled and chronically ill populations. The goal of the QA/QI framework was to establish processes that would promote and integrate consumer perspectives, guarantee minimum standards of care, promote increasing levels of excellence, and assure accountability of programs and subcontractors.

The framework for monitoring care and services provided by WPP organizations serving frail and vulnerable populations includes several internal and external quality review processes:

- The WPP Model QI Reviews developed in 1997 (internal)
- A WPP site guide, in development by the Academy for Quality in Community Care (external), and
- Quality indicators and outcomes measures, in development by the research team and CDSO (external)

A fourth component of the quality framework, the WPP Member Evaluation, has also been developed by the WPP quality research team. The WPP Member Evaluation is part of a second internal review process which Partnership sites can use to learn about the quality of the services they provide *from the perspective of their members*.

Purpose of the WPP Member Evaluation

The WPP Member Evaluation is based on data collected from Partnership members, other frail elderly, physically disabled, or chronically ill consumers, and health and long term care providers. It integrates those areas of care and aspects of service delivery that were identified by consumers and providers as important to quality. The Evaluation was developed to provide WPP members an opportunity to evaluate specific aspects of services that are provided by the Partnership Programs. It is designed to provide a means for Partnership members (consumers) to provide very specific feedback and information to Partnership providers and program staff.

The WPP Member Evaluation was not designed to collect data on global assessments of quality, or general levels of member satisfaction with a program. It is also not designed to measure clinical outcomes of care or the overall success or failure of a particular program toward reaching its goals. Tabulating responses or applying numeric values in attempt to measure responses is not useful or appropriate.

The WPP Member Evaluation is made up of a series of 1-3 page evaluations around specific aspect of care and services provided in the Partnership programs. Each section of the Evaluation includes a series of affirmative statements that the member will be asked to respond to. The statements are specific to particular issues identified by consumers and providers as related to quality. Each section of the evaluation (excluding the *General Questions for All Members*) was designed to provide an evaluation of one area of service delivery and corresponds to a particular Model QI Review topic. Responses from the items in these sections can be used to identify areas that the organization may want to look at more closely. The Model QI Review

can be used as a starting point for the ‘closer look’ when indicated by member responses to the evaluation (see below).

Link to Model QI Review Outlines

Each section of the WPP Evaluation corresponds to the same service areas covered by the Model QI Reviews developed in 1997. The Evaluation also includes an additional section:

General Questions for All Members. WPP Members should be asked to complete only those evaluation sections that are:

- Designed for use by all WPP members

(General Questions/Integration of Member and/or Caregiver Preferences/Monitoring Medication Profiles/Physical Environment & Access/Assistive Technologies)

- Appropriate to the specific services that they already receive

(Transportation/Therapies/ Hospitalization/Post-Discharge/ Personal Care)

- Identified by the IDT for use as a screening tool

(Depression, Constipation/Impaction, Falls, Urinary Incontinence)

Similar to the Model QI Reviews, the Member Evaluation sections are designed for use across Partnership populations (frail elderly or physically disabled). The Member Evaluation may be used with the Model QI Reviews in two ways:

1. Upon completion of a particular Model QI Review study, a WPP organization may wish to learn more about how member’s perspectives compare to the organization’s perspective about a particular service area. For example, several WPP sites have conducted studies about personal care services, how personal care programs are designed

and evaluated, and how information and knowledge that personal care staff have is identified and integrated into individual (member) service plans. Sites may choose to use the WPP Member Evaluation section on *Personal Care Services* in order to learn more about how members evaluate their personal care services, and to indicate particular aspects of personal care that work well, as well as those aspects that may need improvement, *according to members*.

2. If a site is unsure about how to select a QI area for study, they may use the WPP Member Evaluation in order to collect data from members about: their experiences in the Partnership Program, the role they have in care planning and decisionmaking about services, or their perspective about particular services provided by the program. The information collected will indicate study options for QI/A staff to focus on.

Recommendations for Administering the Evaluation

1. The WPP Member Evaluation uses the term “Partnership staff” to refer to any person affiliated with the Partnership Program that provides care/services to members. This includes the member’s doctor, any nursing staff (RN, NP, LPN, Home Care), personal care staff, and any program administrative staff that the member may have contact with. In order to focus the member’s attention on the particular staff they interact with, the Evaluation may be reformatted by each WPP organization to reflect particular staff [i.e., instead of using “Partnership staff”, item statements could use “nursing staff” or social work staff]. Sections could also be administered to members along with instructions to focus on staff in a particular setting (i.e., please respond to the following items about staff

who work in your home, in the day center, in the clinic, etc.). Terminology will need to be reviewed and formatted by each Partnership program. For example, in ElderCare's WPP, enrollees are referred to as "member's" but in ElderCare's Options program they are referred to as "participants". Partnership sites may also use different terminology for personal care staff (Daily Living Assistants).

2. The WPP Evaluation Tool has multiple sections, each focusing on a specific aspect of service delivery. It is **not** designed to be administered all at one time. Each section of the Evaluation focuses on particular aspects of care and services, and each should be administered according to the priorities of the WPP organization. It is recommended that no more than 2 sections be completed by a member at any one time.
3. WPP Members should not be expected to complete sections of the evaluation without assistance – this will vary across populations and across individuals, but assistance with understanding items and/or understanding the scope of questions should be available at the members discretion.
4. While all subjects may not need assistance completing the evaluation section/s, for those that do, there may be a tendency to have staff that work in a particular setting, and who are familiar to the member, administer the tool. However, since the tool may be formatted to evaluate services in that particular setting, this could contribute to a member's discomfort filling out the Evaluation sections (familiar staff assisting member evaluate services they (the staff) may provide), resulting in responses that are designed to please the provider administering the Evaluation. At the same time, it is recognized that having the evaluation administered by someone the member isn't familiar with could be

problematic. The research team suggests that QA/I staff consider these issues carefully and find an appropriate balance.

5. **Staff administering the Evaluation section/s need to be informed about the overall Evaluation, each section of the Evaluation, and the particular focus of the overall QI/A study being conducted by the site in order to be able to effectively assist members completing the evaluation.**
6. Staff administering the Evaluation section/s, at the discretion of the member, should be instructed to take notes on any comments or difficulty the member has completing the Evaluation. Comments about an item (or about another aspect of the tool) should be considered useful data. The items on this evaluation were designed to provoke thinking and encourage comments by members.
7. Members should be informed that they are assisting WPP to improve their programs by evaluating particular aspects of the program to the best of their ability. **WPP members should be assured that their participation in the evaluation is completely confidential, and that nothing they say will negatively effect the services they receive from the program.**
8. The location in which the tool is administered (in which setting) could effect the responses received. For example, it is suggested that individuals completing a section of the evaluation about staff that work in their home should complete the survey in their home. Or, if an evaluation is to be done on particular staff in the day center, then the survey should be administered in the day center where the participant can reflect on who and what he/she is evaluating.

Evaluation Sections

General Questions For All Members

Please circle your response to each statement below:

1. Partnership staff treat me with respect.

All staff Some staff Few Staff No staff

2. In general, if I have questions, I have an opportunity to ask my questions to someone on staff.

Agree Disagree Not Sure

3. When I have questions, I generally ask them to someone on staff.

Always Sometimes Rarely Never N/A*

*Please explain: _____

4. I don't feel comfortable asking questions to Partnership staff.

Agree Disagree Not Sure N/A

5. I'm satisfied with the answers I am given in response to my questions.

Always Sometimes Rarely Never

6. When Partnership staff make recommendations to me (about service and/or treatment options), I think they understand how their recommendations might effect the things I want to do in my life.

Always Sometimes Rarely Never N/A*

*Please explain: _____

7. If Partnership staff make a recommendation to me that is incompatible with the things I want to do in my life, I tell them that.

Yes No** Not sure** N/A** (**go to #8)

7a. I also tell them why their recommendation is problematic for me.

Yes No Not sure N/A

8. I think Partnership staff is well informed about my medical history.

All staff Some staff Few staff No staff

**9. When I have to contact someone on the Partnership program...
(mark all that apply)**

- ☐ There is a single person I contact.
- ☐ There is a single phone number I call.
- ☐ There are several people I might call, depending on the situation
- ☐ I don't know who is best to contact
- ☐ I haven't had to contact the WPP

10. I am satisfied with the response/s I get when I contact someone on the Partnership staff.

Always* (go to #12) Sometimes Rarely Never N/A**

**please explain: _____

11. I have been dissatisfied with a response by someone on the Partnership staff when:

[continue on back of page if necessary]

12. I want to participate in decisions about my care..

For everything ____ For some things ____ Not at all ____

13. My overall experience in the Partnership program has been: (circle number)

[illegible]

14. There is something I would like that I have been reluctant to talk with Partnership staff about:

Yes No

Please describe: _____

End. Thank you.

Model QI Review: Identification and Integration of Member Preferences

FOR ALL MEMBERS

Please circle your response to each statement below:

- 1. I think Partnership staff understands what is most important to me.**

All staff Some staff Few staff No staff

- 2. I have an opportunity to participate in decisions about the services I use.**

Always Sometimes Rarely Never

- 3. I choose to participate in decisions about the services I use.**

Always Sometimes Rarely Never

- 4. I have selected someone as a proxy/decision-maker.**

Yes No* Not sure* *(go to #6)

- 5. I understand the proxy/decision-maker's role.**

Yes No Not sure

- 6. I know the goals that have been established for me in my service plan.**

Agree Disagree* (*go to #8) Not sure

- 7. The goals that providers have established for me reflect what is most important to me in my life.**

Agree Disagree Not Sure

**8. I have the opportunity to provide feedback to Partnership staff about the services I use.
I can provide feedback to:**

All staff Some staff Few staff No staff

9. I provide feedback to Partnership staff about the services I use.

Yes No* Not sure* (*go to # 11)

10. I am satisfied with the way Partnership staff respond to the feedback I give them about the services I use.

All staff Some staff Few staff No staff

11. The Partnership services I receive interfere with other things that I want to do in my life

Agree Disagree Not sure

12. I have changed my place of residence since I enrolled in the Partnership program

Yes No* Not sure* *(end of survey)

13. The decision to change residence was my choice

Yes No Not sure

14. I have the support I need to maintain my residence and live there comfortably.

Yes No Not sure

Other comments: _____

End. Thank you.

Model QI Review: Monitoring Medication Profiles

- 1. I've told someone on the Partnership staff about all of the medications (prescription and non-prescription) that I'm taking.**

Yes No Not applicable*

*(You do not need to complete this form. Thank you)

- 2. Someone on the Partnership staff has discussed with me the possible side effects of the medications I am taking.**

Agree Disagree Not Sure

- 3. I understand what the medications I'm taking are supposed to do.**

Agree Disagree Not Sure

- 4. I think I am experiencing uncomfortable side-effects from the medications I'm currently taking.**

Agree Disagree* Not Sure *go to 6

- 5. I've discussed these side-effects with someone on the Partnership staff.**

Yes No Not applicable

- 6. I'm taking all of the medications I've been given exactly the way that Partnership staff have told me to take them.**

Always Sometimes Rarely Never I'm not sure

- 7. I tell someone on the Partnership staff when I don't take my medications as prescribed.**

Always* Sometimes Rarely Never *

8. If I don't take my medications as prescribed, it's usually because: (mark any that apply)

- ☐ they cost too much
- ☐ they cause other problems/have uncomfortable side effects for me. [Please explain:
- ☐ I can't get them [Please explain:
- ☐ I forget to take them
- ☐ they (the medications) aren't effective/they don't seem to work
- ☐ other (please describe):

9. If there were anything I would change about the Partnership program it would be:

End. Thank You

Model QI Review: Assistive Technologies*

*any equipment or assistive devices you use to more effectively communicate, move, pick things up, work, recreate, etc...

1. I'm informed about assistive technology/ies that might be useful to me.

Agree Disagree* Not Sure (*go to 3)

2. Some sources of my information about assistive technology/ies include (check all that apply):

- ___ Partnership staff
___ Other professionals/please describe who:

___ Other users of assistive technology/ies
___ the Internet
___ Other sources:_____

3. It's difficult to get useful information about assistive technology/ies.

Agree Disagree Not sure

4. I would like to know more about assistive technology/ies that might be appropriate for me.

Agree Disagree Not Sure

5. I have talked to Partnership staff about how I can learn more about assistive technology/ies.

Yes* No (*go to 7)

6. I haven't talked to Partnership staff about assistive technology/ies information because:

7. In general, Partnership staff seem knowledgeable about assistive technology/ies.

Most staff Some staff Few Staff No staff

8. **There are assistive technology/ies that I'm interested in that the Partnership staff has not been able to provide information to me about**

Agree* Disagree

*Please explain:_____

9. **I've received assistive technology/ies through the Partnership Program**

Yes No* (*go to 14)

10. **The assistive technology/ies that I received had to be adapted from it's original configuration**

Yes No

11. **The assistive technology/ies that I received through the Partnership program met my expectations of what it would do for me.**

Completely Somewhat* Not much* Not at all*

*I thought the equipment would:_____

12. **The assistive technology/ies I received through Partnership allows me to do things I couldn't do before or has improved the way I do certain things.**

Agree* Disagree Not Sure (*go to 14)

13. **The assistive technology/ies aren't useful**
because:_____

14. **I've had assistive technology/ies repaired through the Partnership program**

Yes No* (*Go to 19)

15. **I had to wait _____ (time in hours, days, months...) for my equipment to arrive or to be returned to me.**

- 16. The Partnership program provided me with alternative equipment or options while I waited for my repair to be completed.**

Yes No

- 17. I was satisfied with the quality of the alternative equipment or options that Partnership provided to me while I waited for my repair to be completed.**

Agree Disagree

- 18. I was satisfied with the quality of the equipment or options I was given**

Agree Disagree

- 19. If there were anything I would change about the Partnership program it would be:**

End. Thank You.

Model QI Review: Transportation

The following statements refer to Partnership transportation systems used for Partnership services/appointment AND personal/social activities.

For each statement, please circle the letter that corresponds to the following key:

A = Always
M = Most of the time
S = Some of the time
R = Rarely
N = Never

1. The Partnership Program
arranges transportation
services at times that are
convenient for me

A M S R N

The Partnership drivers are:

- | | | | | | |
|----------------------------------|---|---|---|---|---|
| 2. Safe | A | M | S | R | N |
| 3. Respectful | A | M | S | R | N |
| 4. Able to assist me comfortably | A | M | S | R | N |
| 5. Generally helpful | A | M | S | R | N |
| 6. Friendly | A | M | S | R | N |

Overall, the Partnership transportation services are :

- | | | | | | |
|---------------------------|---|---|---|---|---|
| 7. Adequate | A | M | S | R | N |
| 8. Comfortable | A | M | S | R | N |
| 9. Reliable | A | M | S | R | N |
| 10. Flexible (scheduling) | A | M | S | R | N |
| 11. Safe | A | M | S | R | N |

12. Partnership transportation services are being provided in a way that doesn't interfere with the things I want to do in my life:

Agree Disagree Not Sure

13. Partnership transportation services could be improved by (please describe):

14. If there were anything I would change about the Partnership program it would be:

End. Thank You.

Model QI Review: Therapies

- 1. Someone on the Partnership staff has explained the types of therapy services that are available to me.**

Agree Disagree* Not Sure* (go to 3)

- 2. Someone on the Partnership staff has explained how I might benefit from these services.**

Agree* Disagree Not Applicable (*go to 4)

- 3. I would like to know about the type of therapy services that are available to me.**

Agree* Disagree (*go to 5)

- 4. Receiving therapy services isn't important to me.**

Agree Disagree Not Sure

- 5. I've received therapy services in the last 2 months.**

True False* Not Sure (*go to 14)

- 6. I think the therapy services I received were beneficial for me:**

Agree Disagree* Not Sure*

*I disagree or have uncertainty because:

- 7. The therapy services I've used were discontinued or decreased over time.**

True False** Not Sure (**Go to 15)

- 8. The decision to decrease or discontinue the therapy services I used was made against my wishes.**

Agree Disagree Not Sure

9. I understand why the decision to discontinue therapy was made

Agree Disagree Not Sure

10. I was able to discuss this decision with Partnership staff.

Agree Disagree Not Sure

11. I am satisfied with the outcome of the decision.

Agree Disagree Not Sure

12. I'm satisfied about the way the decision was made.

Agree Disagree* Not Sure* *go to 13

13. Please explain: _____

14. I haven't used Partnership therapy services since I enrolled in the Program

True False Other (please explain): _____

15. If there were anything I would change about the Partnership program it would be:

End. Thank You.

Model QI Review: Hospitalization and Post-discharge

FOR USE WITH MEMBERS WHO HAVE BEEN HOSPITALIZED IN THE LAST MONTH

1. The hospital staff seemed well informed about my needs

All of them Most of them Some of them None of them Not Sure

2. I saw my Partnership team members during my hospitalization

All of them Most of them Some of them None of them Not Sure

3. When I was in the hospital, I developed some new problems.

Agree* Disagree Not Sure

*The problems I developed were : _____

4. When I was discharged from the hospital, I was able to care for myself as well as I could before I was admitted to the hospital:

Agree* Disagree Not Sure (*go to 6)

5. Services were arranged to address the areas I needed assistance with at discharge.

Agree Disagree Not Sure

6. After I was discharged, I understood what was expected of me in terms of my Partnership service plan.

Agree Disagree* Not Sure

*I didn't understand : _____

7. I, or my proxy participated in decisions about any new services that I needed after I was discharged:

Agree Disagree* Not Sure Doesn't Apply

8. It's important to me that I, or my proxy, participate in decisions being made about my care after I am discharged from the hospital

Always Most of time Sometimes Never Don't know

9. If there were anything I would change about the Partnership program it would be:

End. Thank You.

7. I am involved in decisions that are made about my treatment.

All of the time Some of the time Rarely Never

8. It's important to me to be involved in decisions about my treatment.

Agree Disagree Not sure

9. If there were anything I would change about the Partnership program it would be:

End. Thank You.

Model QI Review: Constipation and Fecal Impaction

- 1. In the last 2 months, I've had problems with constipation and/or fecal impaction.**

Yes No* Not Sure

(*If you have not, you do not need to complete this form. Thank you)

- 2. I have discussed this problem with someone on the Partnership staff.**

Yes* No (*go to 4)

- 3. I haven't discussed this problem with Partnership staff because (check any that apply):**

☐ I don't think there is anything that can be done about this

☐ I think it will end on its own

☐ It's not important to me to discuss this with anyone

☐ It's too embarrassing to discuss with someone

☐ I'm treating this problem on my own

☐ I don't know who I should talk to about this

- 4. I have been provided with treatment for this problem by someone on the Partnership staff.**

Yes No* Not Sure (*go to 6)

5. The treatment I received has improved my condition.

Agree Disagree*

*I disagree because: _____

6. I understand why the decision to not treat this problem was made.

Agree Disagree Not Sure

7. I was included in discussions about treatment for this problem.

Agree Disagree Not Sure

8. I want to be included in decisions about treatments for this problem.

Always Most of the time Sometimes Never

9. Partnership staff have talked to me about how diet, activity, and medications relate to constipation

Yes No Not Sure

10. I'm satisfied with what Partnership staff have done to prevent future occurrences of constipation.

Agree Disagree* Not Sure*

*I was not satisfied because: _____

11. If there were anything I would change about the Partnership program it would be:

End. Thank You.

Model QI Review: Physical Environment/Access to Services

- 1. If I need assistance, Partnership staff are able to assist me or transfer me in a way that is:**

Safe Comfortable Both* Neither (*go to 6)

- 2. I think there might be a better way to transfer me – one that is either safer or more comfortable for me**

Agree Disagree* Not Sure (*go to 6)

- 3. I've discussed this with someone on the Partnership staff.**

Yes* No (*go to 5)

- 4. I haven't discussed this with someone on the Partnership staff because:**

- 5. I'm satisfied with the way Partnership staff responded to my concerns**

Agree Disagree Unsure

- 6. I'm satisfied with how knowledgeable Partnership staff seem to be about my condition**

Agree Disagree* Unsure*

*please explain:_____

7. When I go to Partnership program settings and/or ancillary settings affiliated with Partnership, the following are available:

a. Clinics with accessible exam rooms

All of them Some of them Few of them Not applicable

b. Clinics with appropriate (comfortable) exam equipment (exam tables, etc)

All of them Some of them Few of them Not applicable

c. Settings with adequate space for my wheelchair and/or assistive technology/ies to pass through

All of them Some of them Few of them Not applicable

d. Reception staff who are comfortable interacting with me

All of them Some of them Few of them Not applicable

e. Reception staff who are familiar with conditions like mine

All of them Some of them Few of them Not applicable

f. Adequate appointment times (length of time)

All of them Some of them Few of them Not applicable

Other comments I have: _____

8. I'm satisfied with how well Partnership staff communicate with me.

All of them Some of them Few of them Not applicable

- 9. I provide information to Partnership staff that I think would be useful for them to know about me.**

Agree Disagree

- 10. I'm satisfied with the way Partnership staff respond to or use the information that I provide to them.**

Most staff Some staff Few staff No staff

- 11. If there were anything I would change about the Partnership program it would be:**

End. Thank You.

Model QI Review: Personal Care Services

FOR USE WITH MEMBERS WHO USE PERSONAL CARE SERVICES

Please circle your response to each statement below:

- 1. I am comfortable with the personal care workers who come to my home.**

All of them Some of them None of them

- 2. I think the personal care workers understand how to provide services the way I prefer.**

All of them* *(go to #4) Some of them None of them

- 3. If I answered Some of them or None of them in #2, I have discussed this with a Partnership personal care supervisor**

Yes No

- 4. When I have a concern about personal care services, I know who to go to.**

Yes - I know who to go to No - I don't know who to go to

- 5. I feel safe with my personal care workers**

Agree Most of the time Some of the time Never

- 6. I enjoy my relationship with my personal care workers**

Always Most of the time Some of the time Never

- 7. I generally have the same worker, or group of workers, in my home**

Always Most of the time Some of the time Never

8. I participate in decisions about what personal care workers do for me.

Agree Disagree Unsure

9. I participate in decisions about how the services will be provided.

Always Most of the time Some of the time Never

10. I participate in decisions about which staff will provide personal care services.

Always Most of the time Some of the time Never

11. I want to participate in selecting the personal care staff who will work with me.

Always Most of the time Some of the time Never

12. Personal care services are scheduled in a way that is convenient for me.

Always Most of the time Some of the time Never

13. Personal care services are provided in a way that doesn't interfere with the things I want to do in my life.

Always Most of the time Some of the time Never

14. I discuss concerns I have about my condition with my personal care worker.

Always Some of the time Rarely Never

15. I discuss concerns I have about the services I receive with my personal care worker.

Always Some of the time Rarely Never

16. Partnership personal care services are reliable.

Always Most of the time Some of the time Never

17. Partnership personal care services are of high quality.

Agree Disagree Unsure

18. I have been satisfied with Partnership personal care services.

Agree* *(end of survey) Disagree

In particular, I have been dissatisfied with Partnership personal care services when:

I have discussed this matter with someone on the Partnership staff.

Yes No Unsure

Other comments:_____

End. Thank you.

Model QI Review: Falls

- 1. I've fallen at least once during the last 2 months.**

Yes No* Don't remember ** (**go to 3)

***(You do not need to complete this form. Thank you.)**

- 2. I've talked to someone on the Partnership staff about my fall/s**

Yes No*

***I haven't talked to anyone about this because:_____**

- 3. If I don't remember if I have fallen, I've talked to someone on the Partnership staff about my fall/s**

Yes No Not applicable

- 4. Partnership staff has talked to me about some of the possible causes of falls**

Yes No Not sure

- 5. A concern about falling sometimes prevents me from doing the things that I want to do.**

Most of the time Some of the time Rarely Never

- 6. Partnership staff has explained to me the ways I can reduce the chances of falling in the future.**

Agree Disagree Not sure

- 7. If there were anything I would change about the Partnership program it would be:**

End. Thank You.

Model QI Review: Urinary Incontinence

- 1. I've experienced uncontrollable urine loss in the last 2 months.**

Agree Disagree* Not sure

(*You do not need to complete this form. Thank you)

- 2. I've talked to someone on the Partnership staff about my experiences.**

Yes* No (*go to 5)

- 3. I haven't talked to anyone on the Partnership staff about this because (check any that apply):**

___ I don't think there is anything that can be done about it

___ I think it will resolve itself on its own

___ It's not important to me to discuss it with someone

___ It's too embarrassing to discuss with someone

___ I'm treating this problem on my own

___ I don't know who I should talk to about this

___ other/please explain:

- 4. I would like to talk to someone about this problem.**

Agree* Disagree* Not Sure* (*GO TO 6)

- 5. I'm satisfied with the way Partnership staff responded to my concerns about this problem.**

Agree Disagree*

I was dissatisfied about:_____

- 6. Partnership staff have provided me with information about possible causes of this problem**

Agree Disagree Not sure

7. **Partnership staff have talked to me about how to prevent, treat, or manage this problem**

Agree Disagree* Not sure* (*go to 9)

8. **The treatment or management plans allow me to do the things that are most important to me**

Agree Disagree Not sure

9. **If there were anything I would change about the Partnership program it would be:**

End. Thank You.